Disaster-related Mortality Surveillance Form .Complete one form per decedent

Complete the form for all known deaths related to a disaster: This information should be obtained from a medical examiner, coroner, hospital, funeral home or DMORT (Disaster Mortuary Team) office. Please, complete one form per decedent.

Form v1.1
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Part I General information

1.Type of disaster:
□ Hurricane (name_____) □ Heat wave
□ Tornado □ Technological disaster
□ Flood □ Terrorism
□ Earthquake □ Other (specify)_____

2. Facility type (info source): Please check one that best applies.
□ ME office □ Funeral home □ Nursing home
□ Coroner office □ Hospital
□ DMORT office □ Other (specify)_____

3. Facility address:
Street _____ County/parish_____
State_____ Z-code_____

4. Contact person (informant):
Name_____ Phone number_____
Email Address_____

Part II Deceased information

5. Case / medical record number: _____

6. Body identified? □ Yes □ No □ Pending

7. Date of Birth (MM/DD/YY) ___ /___/____ □ Unknown

8. Age in years:_____□ < 1 yr □ Unknown

9. Residential address of decedent:
County/parish_____ City_____
State_____ Zip code___

10. Ethnicity:
□ Hispanic
□ Non Hispanic
□ Unknown

11. Race:
□ American Indian or Alaskan Native □ White
□ Black or African American □ Asian
□ Native Hawaiian or other Pacific Islander □ Other race

12. Sex:
□ Male □ Female
□ Undetermined

13. Date of Death:
(MM/DD/YY) ____ /____/_____
□ Unknown

14. Time of Death:
□ _____(24 hr clock)
□ Unknown

15. Date of body recovery:
(MM/DD/YY)
____/____/_____ □ Unknown

16. Time of body recovery:
□ _____ (24 hr clock)
□ Unknown

17. Place of death or body recovery:
□ Decedent's home □ Evacuation Center/shelter □ Vehicle □ Hospital
□ Hotel /motel □ Nursing Home / long term care facility □ Hospice facility □ Unknown
□ Street/Road □ Prison or detention center □ Other (specify)_____

18. Location of death or body recovery:
State_____ county/parish_____
Intersection_____

19. Prior to death, the individual was a:
□ Resident □ Non-resident-intrastate □ Unknown
□ Foreign □ Non-resident-interstate □ Other_____

20. Was the individual paid or volunteer worker involved in disaster response?
□ Yes □ No □Unknown

21. Body recovered by:
□ Law enforcement □ Fire department □ DMORT □ Other (specify)_____
□ EMS □ Search and rescue □ Family or individual □ Unknown

Part III Cause and Circumstance of death (check one that best applies)

22. Mechanism or cause of death— Injury
□ Drowning
□ Electrocution
□ Lightning
□ Motor Vehicle occupant/driver
□ Pedestrian/bicyclist struck by vehicle
□ Structural collapse
□ Fall
□ Cut/struck by object/tool
□ Poisoning/ toxic exposure:
  □ CO exposure
  □ Inhalation of other fumes/smoke, dust, gases
  □ Ingestion of drug or substance
  □ Other (specify)_____
□ Suffocation/asphyxia
□ Burns (flame or chemical)
□ Firearm/gunshot
□ Extreme heat (e.g., hyperthermia)
□ Extreme cold (e.g., hypothermia)
□ Other (specify)_____
□ Unknown cause of injury

23. Cause of death— Illness
□ Neurological disorders
  □ Meningitis/encephalitis
  □ Seizure disorder
  □ Stroke (hemorrhagic or thrombotic)
  □ Other (specify)_____
□ Respiratory failure
  □ COPD
  □ Pneumonia
  □ Asthma
  □ Pulmonary embolism
  □ Other (specify)_____
□ Cardiovascular failure
  □ ASCVD
  □ Congestive heart failure
  □ Other (specify)_____
□ Renal failure
□ GI and endocrine
  □ Bleeding
  □ Hepatic failure
  □ Pancreatitis
  □ Diabetes complication
□ Sepsis
□ Dehydration
□ Allergic reaction
□ Other (specify)_____
□ Unknown cause of illness

24. Cause of death:
□ Confirmed □ Probable
□ Pending □ Unknown

25. Relationship of cause of death to disaster:
□ Direct □ Possible
□ Indirect □ Undetermined

26. Circumstance of death: (free text)

27. Manner/intent of death:
□ Natural □ Suicide
□ Accident □ Pending
□ Homicide □ Undetermined

28. Who signed the death certificate?
□ ME/coroner
□ Physician
□ Not signed

29. Date of report completed:
(MM/DD/YY) ___/____/_____